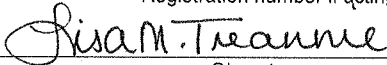


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|   |  |  |                         |
|---|--|--|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2009</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |  | Docket Number (Optional)<br>WIBR-523-101   |                         |
| Application Number<br>09/804,481  |  | Filed<br>March 12, 2001  |                         |
| For NOVEL SMALL NUCLEAR RNA VECTORS AND USES THEREFOR   |  |  |                         |
| Art Unit<br>1639  |  | Examiner<br>Steele, A.   |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |  |  |                         |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |  |  |                         |
|   |  | <u>Fee</u>   | <u>Small Entity Fee</u> |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))  | \$130  | \$65                    |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$490  | \$245                   |
| <input checked="" type="checkbox"/>   | Three months (37 CFR 1.17(a)(3))   | \$1110   | \$555                   |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1730   | \$865                   |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2350   | \$1175                  |
| <input type="checkbox"/>  | Applicant claims small entity status. See 37 CFR 1.27.   |  |                         |
| <input type="checkbox"/>  | A check in the amount of the fee is enclosed.  |  |                         |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.   |  |                         |
| <input checked="" type="checkbox"/>   | The Director has already been authorized to charge fees in this application to a Deposit Account.  |  |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3655 |  |                         |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>               |  |  |                         |
| I am the  | <input type="checkbox"/>   | applicant/inventor.  |                         |
|   | <input type="checkbox"/>   | assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |                         |
|   | <input checked="" type="checkbox"/>  | attorney or agent of record. Registration Number 41,368  |                         |
|   | <input type="checkbox"/>   | attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34                                      |                         |
|    |  | October 20, 2009   |                         |
| Signature   |  | Date   |                         |
| Lisa M. Treannie, Esq.  |  | 781-622-5930   |                         |
| Typed or printed name   |  | Telephone Number   |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |  |  |                         |
| <input checked="" type="checkbox"/>   | Total of 1 forms are submitted.  |  |                         |